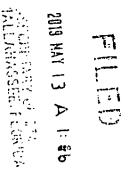
1140000 19068

Office Use Only



300329207683

05/13/19--01014--026 ++60.00





COVER LETTER

Division	n of Corporations	
C: SUBJECT:	2u Embroidery and Home Design LLC	
SOBJECT.	Name of Limited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Sandra Howard	
	Name of Person	
	C2u Embroidery and Home Design LLC	
	Firm/Company	
	7264 Sandy Bluff Drive	
	Address	
	Jacksonville Florida 32277	
	City/State and Zip Code c2ucustomcreations@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Sandra Howard	904 5865283 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
□ \$25.00 Filing	Fee U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

c2u Embroidery and Home Design LLC

•			4_	_1	요!
	(Name of the Limited Liability (company as it now appears on on technics.	3 A	1.	¥ U
	(A Florida Li	nited Liability Company)	-		

The Articles of Organization for this Limited Liability Company	were filed on 02/04/2014	E. i LUand assigned
Florida document number L1400019068 L1400001	9068	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
C2U Custom Creations LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7264 Sandy Bluff Drive	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Florida 32277	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	p o box 8103 Jacksonville Florida 32239	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	· -	
	City . FIOTAL	Zip Code
	-	•

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		NIK	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			□ Chanue

_	N/P
` -	
-	
-	
-	
-	
-	
_	
_	
_	
-	
-	
-	
-	
-	
ffaati	June 1, 2019
an eff ot e :	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	05/06/2019
	Miss Julia Hunder of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00